Division of Health Service Regulation

p.2

FAX No.

SEP/08/2015/TUE 10:40 AM

P. 002

PRINTED: 08/13/2015 FORM APPROVED

AND DEAN OF CORRECTION INTERPRETATION NUMBERS		A. BUILDING	LE CONSTRUCTION ; 01	COMPLEYED	
		HAL034058	B. WING		07/16/2015
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	
KERNER	RIDGE ASSISTED LI	VING	ONS ROAD SVILLE, NC	27284	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDERICIENCY)	D BE COMPLETE
	Records indicate the submitted for licenses for the Aged serving reside in the Special facility must meet the portions of the 2005 Adult Care Homes, North Carolina State Institutional Occupation of the 2005 Adult Care Homes, North Carolina State Institutional Occupation of the 2005 Adult Care Homes of the 2005 Adult Care Homes of the Part o	iencies were noted which rrection. ac- No Jess than '71 Rules of the Application of the	C 101	CONSTRUCTION	
1	Raleigh, North Caro This Rule is not me	ulation, 701 Barbour Drive, llina, 27603 at no cost; et as evidenced by:			
Jivision of He	ealth Service Regulation	common en penneadilla 46 les ains		TITLE	OOD DATE

Executive Director

9.1.2015

STATE FORM

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SEP/08/2015/TUE 10:41 AM

Division of Health Service Regulation

FAX No.

P. 003

PRINTED: 08/13/2015 FORM APPROVED

	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION :: 01	(XI) DATE SURVEY COMPLETED
		HAL034068	B. WING		07/16/2015
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	
KERNE	R RIDGE ASSISTED LI	VING	CINS ROAD SVILLE, NC		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	JD PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDERICIENCY)	D BE COMPLETE
C 101	1. Based on obser meet the Code required for construction by no components for doo Locking Arrangement occupants who wou the door(s) if the exit Findings on July 16, a. The exit doors for locks installed and significant required with staff in did not have the professes with the NC State Build emergency release type, all staff respondocked unit must care	vation, the facility failed to irements in effect at the time of having all of the required irs equipped with Special ints. This could affect all Id need to evacuate through t were obstructed.	C 101	Keys made and copied of all staff in SCU to we on bodies to operate emergency release switch inservice provided to s 7.16.15 and incorporate into SCU orientation	rear h staff
	SECTION .0300 - Pt 10A NCAC 13F .030 CONSTRUCTION(f) The facility shall h fire and building safe shall be maintained i review. This Rule is not met 1. Based on record Executive Director, than annual inspection rep This deficiency affect visitors by not prevent that may be discover Findings on July 16, 2	ave current sanitation and ty inspection reports which in the home and available for as evidenced by: review, and interview with the facility failed to provide the port(s) required by this Rule. is all residents, staff and iting any systems deficiency ed with annual inspections.	C 111	fire Inspection Complete	d. 9/8/15

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FAX No.

P. 004

PRINTED: 08/13/2015 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (XX) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL034058 07/16/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2IP CODE 250 HOPKINS ROAD KERNER RIDGE ASSISTED LIVING KERNERSVILLE, NC 27284 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY Continued From page 2 C 111 Marshal Inspection Report was performed on March 18, 2014. C 164 Housekeeping and Furnishings-Clean, Repaired C 164 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing. facilities. 7/18/15 a. Vacant room - replaced
 flange and highlened bilet. This Rule is not met as evidenced by: Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to, unclear conditions and equipment in disrepair. Findings on July 16, 2015: a. In the Bedroom B10, the commode was dried-up, allowing sewer gases for entering the Building. a replaced flange and tighteeottoilet Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to, unclean conditions and equipment in disrepair. Findings on July 16, 2015: In Bedroom C03's Bathroom the connection of the commode to the floor was loose. C 189 Building Equipment Maintained Safe, Operating C 189

Division of Health Service Regulation

SECTION .0300 - PHYSICAL PLANT

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FAX No.

P. 005

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E SURVEY		(X2) MULTIP A. BUILDING	(X1) PROVIDEN/SUPPLIER/CLIA IDENTIFICATION NUMBER:	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	
				,	
/16/2015		B. WING	HAL034058		
	STATE, ZIP CODE	DRESS, CITY,	STREEY AL	AME OF PROVIDER OR SUPPLIER	
		GNS ROAD	VING 250 HOP	ERNER RIDGE ASSISTED LI	
	27284	SVILLE, NC	KERNER	The second report of the secon	
(XS) COMPLE DATE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL AG REGULATORY OR LSC IDENTIFYING INFORMATION)		
		C 189	je 3	C 189 Continued From pa	
			1 OTHER	10A NCAC 13F .03	
			OTTIER	REQUIREMENTS	
1 .			d all fire safety, electrical,		
1			mbing equipment in an adult	mechanical, and plu	
1			maintained in a safe and	care home shall be	
				operating condition.	
İ			pply to new and existing	(k) This Rule shall a	
Y .			eption of Paragraph (e)	facilities with the ex	
			to existing facilities.	which shall not appr	
101-11	a. orange foam removed. Fire Barrier Sealout UL UL 723 approved sealed the Sleeve going into wall		as evidenced by:	This Rule is not me	
8/26/1	a, orangetoam removed		ations, the Building was not	 Based on obser 	
1479	Fire Barrier Sealout III		and operating condition,	maintained in a safe	
4'''	UI 723 amoved sealed the		rough the	because breaches to	
1	Sleave asign into wall		construction invalidated its	fire-resistance-rated	
8/28	orcere gomes and all		affect all residents, staff and is not contained in Room or	visitors if emoke/fire	
10100	b. Sealed cables and metal Steeve with Fire Barrier			compartment of orig	
	sleeve with Fire Dames			Findings on July 16,	
-1 /	Sealert	1	ier Wall in the Attic near the	a. The Smoke Barr	
13/26/			pe penetrations sealed with	SCU has two PVC p	
	C. Sealed 3 inch PVC with		ange foam is not approved	orange foam, This or	
	Acad mal malad		n fire-resistance-rated		
1.1	firestopped sealed			construction.	
gtz8li.	1 . 11-4		er Wall in the Attic near		
,	d lesealed the pipe. this had cracked		netal sleeve penetration not nd the cables inside the	secured to the wall o	
ĺ	this had cracked		erly sealed	sleeve were not prop	
	7100		er Wall in the Attic near		
			Bedroom A02 has three, 3 inch or larger PVC		
-1-1	-56 () al-a/a		conduits that penetrate the wall and are not firestopped sealed.		
8/28	E. Sealed the sleeve	16			
	penetratio_contraction in		er Wall in the Attic near		
	2010		iron fire sprinkler pipe	Bedroom B01 has an	
	MECHANICAL LOOK		penetration whose firestop seal had cracked and		
	penetratin_contruction in mechanical room		estop seal had cracked and aled properly. chanical Room behind the	penetration whose fir displaced thus not se e. In the Outside Mo dryer there was a sle	

CONSTRUCTION SECTION

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION() S (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 COMPLETED HAL034058 B. WING 07/16/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 250 HOPKINS ROAD NER RIDGE ASSISTED LIVING KERNERSVILLE, NC 27284 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (0.3)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE. TAG REGULATORY OR USC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY C 189 Continued From page 4 C 189 sealed with firestop sealant. a. Twincity Sprinkler (ompany Inc Scheduled to install ne wsprinklar head to system Based on observation, the Building was not maintained in a safe and operating condition. because new construction had left some areas without fire sprinkler protection. This would affect all residents, staff and visitors, by not providing the protection fire sprinklers provide. Findings on July 16, 2015: a. In the Activity Room on the D hall, a new closet was built, eliminating the fire sprinkler protection for that area before. 3. Based on observation, the Building was not maintained in a safe and operating condition, because the emergency lighting, which illuminates the egress pathways during power outages, did not work properly. This would affect all residents, staff and visitors if the egress pathways were not illuminated during the power that were not working y were replaced with new lights and batteries outages and there was no other illumination. Findings on July 16, 2015: The wall-mounted self-contained emergency light did not work on backup power when the test button was pushed. Locations of specific examples include but are not limited to: i. Across from Bedroom A14. ii. Across from Bedroom A12, iii. Next to Bedroom B12. Across from Bedroom C04. v. Med Room. vi. Mech Room behind dryer. In the Kitchen the wall mounted self-contained combination exit sign/emergency light unit did not work on backup power when the test button was pushed or on normal power.

Based on observation, the Building was not maintained in a safe and operating condition, by not maintaining the fire and smoke resistance of

SEP/08/2015/TUE 10:43 AM

Division of Health Service Regulation

FAX No.

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P. 007

l		NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION		SURVEY
l							
ŀ			HAL034058	B. WING		07/	16/2015
l	NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ĺ	KERNER	RIDGE ASSISTED LI	VING	KINS ROAD SVILLE, NC			
H	(X4) ID	SUMMARY STAT	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	161	
	PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE	COMPLETE DATE
	C 189	doors the 1996 NC as "Hazardous Area residents, staff and contained in Room of Findings on July 16, a. The Utility Room had a 45 min rated,	State Building Code defines ". This could affect all visitors if smoke/fire is not or fire compartment of origin.	C 189	a Adjusted Striker pla at door to latch prop	te varly	7 (e) (S
		Executive Director, to and/or maintain the at This would affect all by not having emerg working order. Findings on June 26 a. The automatic results and the second control of t	oll-down fire door between ning had not been inspected		a. Door was Inspected and tag placed on it. Inspe by Commercial Services, Inc Door is on monthly pre- maintenance Check.	l ded intalia	7/24/15 2
		maintained in a safe because the fire prot maintained in a safe residents, staff and v smoke and activating Findings on July 16, 3 a. The sample tube	2015: s for the HVAC duct actors in the Mech Room were dirty. Deficiency		a cleoned on site		7/16/15
		maintained in a safe : because the fire sprir impaired, exposing of that could allow the p I'his would affect all r	ation, the Building was not and operating condition, akler escutcheon plates were penings through the ceiling assage of smoke and heat, esidents, staff and visitors, if system does not operate in a				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (\$3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL034058 07/16/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 250 HOPKINS ROAD RNER RIDGE ASSISTED LIVING KERNERSVILLE, NC 27284 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) C 189 Continued From page 6 C 189 a placed escukhean plate back around the sprinkler to close off gaps 8/28/15 timely manner and cannot contained fire in the Room of origin. Findings on July 16, 2015: a. The fire sprinkler escutcheon plate had dropped down from the ceiling. Locations of specific examples include but are not limited to: Corridor near from Bedroom C03. b. The fire sprinkler escutcheon plate did not cover the complete hole through the ceiling. Locations of specific examples include but are not limited to: a. Scheduled toplace rubber seal in gap b. Scheduled to replace with rubberseal in Corridor near from Bedroom A01. 9/10/15 Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to door leafs not fitting into their fames with acceptable gaps under normal closing force. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin Findings on July 16, 2015: The pair of corridor doors to A Hall Library had a 1/2 inch gap between their meeting The pair of corridor doors to B Hall Living room had a 3/8 inch gap between their meeting Based on Observation, the Building was not maintained in a safe and operating condition. because the portable medical oxygen cylinders a. oxygen tank was removed and place in proper oxygen tank rack were not being properly handled/stored. This 8/29/15 could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on July 16, 2015: A portable medical oxygen cylinder was stored standing up not secured to the structure in the Med Room.

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P. 009

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DIVISION	of Health Service Re	gulation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION 3: 01		SURVEY
		HAL034058	B. WING		07/	16/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	STATE, ZIP CODE		
KERNICE	DIDOE ACCIONED L	250 HODE	(INS ROAD			
KEKNER	RIDGE ASSISTED LI	VING KERNERS	SVILLE, NO	27284		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREMIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	DBE	(XIS) COMPLETE DATE
C 189	10. Based on obsermaintained in a safe because the comme extinguishing system maintenance and do a properly working s residents, staff and kitchen hood's suppoperate properly where indings on July 16, a. Since the semi-commercial kitchen	vation, the Building was not and operating condition, ercial kitchen hood's fire in lacked the inspections, ocumented required to ensure system. This could affect all visitors if the commercial ression system fails to en needed. 2015: annual maintenance of the hood's fire extinguishing 1,5, there has been no record	C 189	a commercial Kitchen has fire extinguishing system was inspected 1/24/15 a proper-fire extinguishing and record made a monthly preventative no check off	and tag	7.24.15 Le
	maintained in a safe because some corric passage of smoke d doors. This could aff visitors if the doors of the room of origin. Findings on July 16, a. The Spa across	from Bedroom B01 had a o 1/4 inch diameter holes		a. Schedule to place rubber seal in gap to fit-door		9.10.15
	maintained in a safe because some corrid devices that do not re the door, preventing and latched rapidly. I residents, staff and v smoke and fire in the Findings on July 16, 2	isitors by not containing room of origin. 2015: r to the Sun Room had a oor open, Deficiency		a wedge removed and a magnetic locking and unloc device placed on doc	new Kny	7 117 15

SEP/D8/2015/TUE 10:44 AM

FAX No.

P. 010

PRINTED: 08/13/2015

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 HAL034058 B. WING 07/16/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 250 HOPKINS ROAD KERNER RIDGE ASSISTED LIVING KERNERSVILLE, NC 27284 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) C 189 Continued From page 8 C 189 7/*1*8lis 10. wedge removed and departed the site. occupants of room were The corridor door to the Bedroom B07 had a notified why doors can't wedge holding the door open, be propped open The corridor door to the Bedroom B11 had a wedge holding the door open, c. wedge removed and The corridor door to the Activity Room on D 7118115 occupants of man were Hall had a sewing machine holding the door notified why doors can't e. The corridor door to the SCU Dining Room be propped open. had a mechanical kick-down holding the door 7118K open, d. sewing machine remove. The corridor door to the SCU Clean Linen had a mechanical kick-down holding the door approved magnetic locking open. and unlocking device place C 199 Exhaust Ventilation C 199 7/19/15 e. removed Kickdownto SECTION .0300 - PHYSICAL PLANT f. remove kick-dan from 7/19/15 door g. U) replaced Bake Belt 7/19/15 on the motor for soiled lines 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: soiled linen storage; soil utility room; (3) replaced number (3) bathrooms and toilet rooms; 919*l*ls (4) housekeeping closets; and (5) laundry area. (3) replaced belt on the motor on roof of building for both to toilet (4(5) replaced motor (k) This Rule shall apply to new and existing. facilities with the exception of Paragraph (e) which shall not apply to existing facilities. 918/19 This Rule is not met as evidenced by: Based on Observation and testing the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff

FAX No.

P. 011

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (Xa) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING __ HAL034058 07/16/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 250 HOPKINS ROAD KERNER RIDGE ASSISTED LIVING KERNERSVILLE, NC 27284 SUMMARY STATEMENT OF DEFICIENCIES (X4) JD PROVIDER'S PLAN OF CORRECTION (X6) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) C 199 Continued From page 9 C 199 7/19/15 a Replace broken beltson motor for all the exausts and visitors by subjecting them to odors. Findings on July 16, 2015: The exhaust ventilation was running but did not remove the required amount of air. Locations of specific examples include but are not limited to: Men Toilet Room on the Service Corridor near Bedroom A02, Women Toilet Room on the Service Corridor near Bedroom A02. ili. Kitchen Toilet Room. iv. Kitchen Housekeeping Room Toilet Room at Lockers vi. Bedroom C03 Bathroom



Kernersville Fire Department

CONSTRUCTION SECTION

Fire Inspection Report Form

SEP 0 8 2015 RECEIVED

Telephone: (335) 996-5791 • Fax: (336) 998-4298

Inspection Data:		(F	III in this sec	tion on all inspections)			
Date:	Re-Inspection Date	Start Time	End Time	Company	Initial Inspection		
THE RESERVE		775	1015	1341	Re-Inspection		
St. Numbers	Stree	t Name			Telephone Number		
	Business Name						
V45 46 9	Prof.						
	Update Co	ontact Inforr	nation on A	Il Occupancies			
Eme	rgency Contact Name			24 Hour To	lephone Number		
NARY GEHA	A DAY			675 · SOSI			
Eme	rgency Contact Name			24 Hour Te	lephone Number		
Any SEA	WELL.			491-6	117		
Fire Extinguisher	requires service			Need to provide new			
Exit Light(s) requi					st be posted (6" numbers)		
Emergency lights				Lock/latch not approv			
	s service (NFPA 72)			Circuit breakers must be labeled			
	equires service (NFPA System requires servi			Improper clearance around gas fired appliance Electrical panel not properly accessible MSDS Book required Ceiling tiles require replacement Obstructed aisles			
	sed as permanent wiris						
	of ceiling or 18" of sp						
	ge under unprotected						
Fire Lane / Signs r			Maintaining a fire hazard				
pecial Notes: Standard Standard Standard Standard spection Results:	- 9015 (FESS) La 2018 (Tulin			not listed above)	Y DUS PROME PO		
NO STOURGE WITH	u 10 manes	Record	Silveria F	a HEADS			
Ass or make the de-	I EVERT LEWISTE	Separa	With the 18	102E17.200.71	- COUM HUDUS MICCES		
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DEVICE THAT R	0 505FS 11201	Fig. A	13.7.3.4	Van Amaria	ZACCO CUT		
RELUCIATE REES	CONTRACTOR TO SE	3 A S 1+	Section of	DESCRIPT DATE	CAN PUG		
DIRECTLY INTO							
Director A Telegra	ELECTRICAL OUT		S 30 2 2 2 2	730 18 18 18 18 18	1031011131		
OTIFY FOR WALS	Maria OFFICE	OF TOUGH	L Hauni	SA CORRECTO	2100		
5/4-19	7.1						
esponsible Party Signat	ure	Responsibl	e Party Nan				
Frankled & 17	Charlett.		13 1	13.44 EA			
		Inspector T	itle:	nspection Referred T	0:		
spector Signature:		inapector i	ILIU-	napection referred t	0.		
nspector Signature:	LAKE	Figs out		napection Referred 1	0.		

__ IF THIS SECTION IS CHECKED:

During the above fire inspection, it was determined that conditions exist that do not meet the technical requirements of the Fire Code. A compliance period was allowed in order to correct these conditions. The allotted time period has expired and the above violations are outstanding.

A follow up inspection will occur in 7 business days to ensure that all deficient items have been corrected. A \$50 reinspection fee will be charged plus an additional \$100/day fine for each outstanding violation.

Miller, Ed

From:

Mary Genia Day <mday@ridgecare.com>

Sent:

Tuesday, September 08, 2015 1:47 PM

To:

Miller, Ed

Subject: Attachments: FW: Scanned image from EH081 Kerner Ridge Assisted Living

kernerridge.copier@ridgecare.com_20150908_121207.pdf

Ed,

Please let me know if I have missed anything.

Thank you,

Mary Genia Day

----Original Message----

From: kernerridge.copier@ridgecare.com [mailto:kernerridge.copier@ridgecare.com] Sent: Tuesday, September 08, 2015 1:12 PM

To: mday@ridgecare.com

Subject: Scanned image from EH081 Kerner Ridge Assisted Living

Reply to: kernerridge.copier@ridgecare.com <kernerridge.copier@ridgecare.com>

Device Name: EH081 Kerner Ridge Assisted Living Device Model: MX-3640N

Location: EH081 Kerner Ridge Assisted Living

File Format: PDF (Medium) Resolution: 200dpi x 200dpi

Attached file is scanned image in PDF format.

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